(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _

PART I - CHILD				
1. Full Name at B	irth:	2 2 2 2 2		
	(First)	(Middle)	(Last)	(Suffix)
2. Sex:	3. Date of Birth:	4.	Place of Birth:	Vashington D.C.
5. Birth Certificat	te Number (If Known):	6. 5	Social Security Number	
PART II – BIOLO	OGICAL MOTHER OF TH	E CHILD		
7. Full Maiden Na	ame:			
	(First)	(Middle)		(Maiden)
8. Present Name:	(Finat)	(Middle)		(Last)
		· · · · · · · · · · · · · · · · · · ·		(Last)
9. Date of Birth:		10.	Place of Birth (State or	Foreign Country):
11. Social Security	y Number:	12.	Employer:	
PART III – BIOL	OGICAL FATHER OF TH	E CHILD (NOTE: Items	17 and 18 concern the fa	tther at the time of the child's birth)
				•
13. Full Name	(First)	(Middle)	(Last)	(Suffix)
			f Birth (State or Foreign	Country):
16. Social Security	y Number:	17. Employ	er:	
18. Employer's A	ddress:			
PART IV – BIOLO your marriage reco		RIAGE (IF APPLICABL	E, You must complete th	is section and enclose a certified copy of
19. Place of Marri	iage:		20). Date of Marriage:
		v and State, or Foreign Co	untry)	<u> </u>
PART V – PAREN	NTS' ACKNOWLEDGMEN	NT (THIS ITEM MUST B	E COMPLETED)	
responsibilities sta acknowledgment v be shown on this c	•	erse of our copy of this do ate of signing at the Vital	ocument and understand Records Division. We r	I that we have the right to rescind this request that the father's information
Child's Name:	First)	(Middle)	(Last)	(Suffix)
	of Father:	, , , ,	` ′	er:
b. Address of	Father:		b. Address of Mothe	r:
	nd sworn before me on:			n before me on:
26. Notary's Signa	iture	2	7. Notary's Signature _	

GOVERNMENT OF THE DISTRICT OF COLUMBIA VOLUNTARY ACKNOWLEDGMENT OF PATERNITY RIGHTS AND RESPONSIBILITIES OF THE MOTHER AND FATHER

I have read and I was told the following before signing the Acknowledgment of Paternity on the reverse side of this form:

FATHER

I understand that this form establishes that I am the biological father of the named child when it is signed under oath by myself and the child's mother. Either the mother or I may rescind this document within the earlier of 60 days or the date of a legal or administrative proceeding relating to paternity or child support.

MOTHER

I understand that this form establishes paternity for the named child when it is signed under oath by myself and the child's biological father. Either the father or I may rescind this document within the earlier of 60 days or the date of a legal or administrative proceeding relating to paternity or child support.

MOTHER AND FATHER

I sign this Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed on me to sign. I understand that I may take the following actions instead of signing this form:

- Seek the advice or representation of legal counsel
- Request that a genetic test be taken to determine paternity
- Have paternity determined at a hearing

I understand that, as a parent, I have the responsibility to support my child until the child turns 21 or beyond, as required by law. If I do not have custody, I will be required to pay the child support to the person having custody of the child, or the government, depending on the circumstances.

I understand that the noncustodial parent has a right to visitation with the child. This right can be enforced through legal action. Both parents also have the right to request a court to enter an order determining the child's custody.

I understand that both parents have the right to rescind this Acknowledgment of Paternity within the earlier of 60 days or the date of a legal or administrative proceeding relating to paternity or child support. If this Acknowledgment is not rescinded, it can only be challenged in a court proceeding based on fraud, duress, or material mistake of fact.

I understand that this Acknowledgment of Paternity may be used in any legal proceeding regarding my child.

I understand that I have a right to talk to a staff person to clarify information on this form and answer any questions I have.

I understand that the child's surname will be changed to the biological father's surname on the child's birth certificate if both parents consent to have it changed.

I understand that both parents have the right to make certain decisions concerning the child's education, medical care, and other matters of legal significance, as decided by the court. Both parents will also have other parental rights and duties as provided by District law.

I understand that it will be easier for the child to learn medical histories of both parents and to benefit from health care coverage available to both parents after paternity is established.

I understand that it will be easier for the child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration, as well as share in any estate should either parent die.

(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _

PART I - CHILD				
1. Full Name at B	irth:	2 2 2 2 2		
	(First)	(Middle)	(Last)	(Suffix)
2. Sex:	3. Date of Birth:	4.	Place of Birth:	Vashington D.C.
5. Birth Certificat	te Number (If Known):	6. 5	Social Security Number	
PART II – BIOLO	OGICAL MOTHER OF TH	E CHILD		
7. Full Maiden Na	ame:			
	(First)	(Middle)		(Maiden)
8. Present Name:	(Finat)	(Middle)		(Last)
		· · · · · · · · · · · · · · · · · · ·		(Last)
9. Date of Birth:		10.	Place of Birth (State or	Foreign Country):
11. Social Security	y Number:	12.	Employer:	
PART III – BIOL	OGICAL FATHER OF TH	E CHILD (NOTE: Items	17 and 18 concern the fa	tther at the time of the child's birth)
				•
13. Full Name	(First)	(Middle)	(Last)	(Suffix)
			f Birth (State or Foreign	Country):
16. Social Security	y Number:	17. Employ	er:	
18. Employer's A	ddress:			
PART IV – BIOLO your marriage reco		RIAGE (IF APPLICABL	E, You must complete th	is section and enclose a certified copy of
19. Place of Marri	iage:		20). Date of Marriage:
		v and State, or Foreign Co	untry)	<u> </u>
PART V – PAREN	NTS' ACKNOWLEDGMEN	NT (THIS ITEM MUST B	E COMPLETED)	
responsibilities sta acknowledgment v be shown on this c	•	erse of our copy of this do ate of signing at the Vital	ocument and understand Records Division. We r	I that we have the right to rescind this request that the father's information
Child's Name:	First)	(Middle)	(Last)	(Suffix)
	of Father:	, , , ,	` ′	er:
b. Address of	Father:		b. Address of Mothe	r:
	nd sworn before me on:			n before me on:
26. Notary's Signa	iture	2	7. Notary's Signature _	

(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name:

PART 1 – CHILD						
1. Full Name at Birt	th:			(T A)		(0, 00)
	(First)	(Miac	ue)	(Last)		(Suffix)
2. Sex:	3. Date of Birth:		4. Place of	Birth:	Washington I	O.C.
5. Birth Certificate	Number (If Known):		(Middle) (Last) (Suffix) 4. Place of Birth: Washington D.C. 6. Social Security Number:			
PART II – BIOLOG	GICAL MOTHER OF THI	E CHILD				
7. Full Maiden Nam	ne:					
	(First)	(Mide	ile)		(Maide	en)
8. Present Name:						
	(First)	(Midd	ile)		(Last)	
9. Date of Birth:			10. Place of	Birth <i>(State or</i>	r Foreign Cou	ntry):
11. Social Security N	Number:		12. Employ	er:		
PART III – BIOLO	GICAL FATHER OF THI	E CHILD (NOTE:	Items 17 and 1	8 concern the f	ather <u>at the tir</u>	ne of the child's birth)
13. Full Name:						
	(First)	(Midd	lle)	(Last)		(Suffix)
14. Date of Birth: _		15. P	lace of Birth (S	State or Foreign	Country): _	
	Number:		mployer:			
18. Employer's Add	lress:					
PART IV – BIOLOG your marriage record		RIAGE (IF APPL	CABLE, You n	ust complete th	is section and	enclose a certified copy of
19. Place of Marria	σe·			2	0 Date of Ma	arriage·
1). Thee of while	(City/County	and State, or Fore	ign Country)		o. Dute of Mi	
PART V – PARENT	TS' ACKNOWLEDGMEN	T (THIS ITEM M	UST BE COMF	PLETED)		
responsibilities state acknowledgment wit	ement provided on the reve thin sixty days from the da	erse of our copy of ate of signing at the	this document e Vital Records	and understan Division. We	d that we have request that the	e the right to rescind this he father's information
Child's Name:	rst)	(Middle)		(Last)		(Suffix)
	Father:		23. a. Sig	` ′	her:	, ,
_	ather:	_				
24. Subscribed and	sworn before me on:		25. Subso	eribed and swo	rn before me	on:
26. Notary's Signatu	ire		27. Notar	v's Signature		

(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name:

PART 1 – CHILD					
1. Full Name at Birth:	(77)	2211			(2, 22,)
	(First)	(Middle)	(Last)		(Suffix)
2. Sex:	3. Date of Birth:		4. Place of Birth:	Washington D	D.C.
1. Full Name at Birth: (First)	aber:				
PART II – BIOLOGIC	CAL MOTHER OF THE	CHILD			
7. Full Maiden Name:					
	(First)	(Middle)		(Maide	en)
8. Present Name:					
	(First)	(Middle)		(Last)	
9. Date of Birth:			10. Place of Birth (State	e or Foreign Cour	ntry):
11. Social Security Nu	mber:		12. Employer:		
PART III – BIOLOGI	CAL FATHER OF THE	CHILD (NOTE: It	ems 17 and 18 concern th	he father <u>at the tin</u>	ne of the child's birth)
13. Full Name:					
	(First)	(Middle)	(Last)		(Suffix)
14. Date of Birth:		15. Pla	ce of Birth (State or Fore	eign Country):	
16. Social Security Nu	mber:	17. Emp	oloyer:		
18. Employer's Addre	ss:				
	CAL PARENTS' MARE	RIAGE (IF APPLICA	ABLE, You must complet	te this section and	enclose a certified copy of
				20. Date of Ma	arriage:
	(City/County	and State, or Foreign	Country)		
PART V – PARENTS'	ACKNOWLEDGMEN'	T (THIS ITEM MUS	T BE COMPLETED)		
responsibilities stateme acknowledgment withi be shown on this child'	ent provided on the reve n sixty days from the da	rse of our copy of th te of signing at the V	is document and unders ital Records Division. V	tand that we have We request that the	e the right to rescind this he father's information
Child's Name: (First		(Middle)	(I ast)		(Suffix)
			, , ,		, 55
22. a. Signature of Fa	tner:		25. a. Signature of N	nother:	
b. Address of Fath	ner:		b. Address of Mo	other:	
24. Subscribed and sw	orn before me on:		25. Subscribed and s	sworn before me o	on:
26. Notary's Signature			27. Notary's Signatur	re	

(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name:

PART 1 – CHILD				<u> </u>	
1. Full Name at Birth:					
	(First)	(Middle)	(Last)	(Suffix)	
2. Sex:	3. Date of Birth:	4. Plac	ce of Birth: W	ashington D.C.	
5. Birth Certificate Nu	mber (If Known):	6. Soc	ial Security Number:		
PART II – BIOLOGIC	AL MOTHER OF THE CHI	L D			
7. Full Maiden Name:					
	(First)	(Middle)		(Maiden)	
8. Present Name:	(First)				
	(First)	(Middle)		(Last)	
9. Date of Birth:		10. Pla	ace of Birth <i>(State or F</i>	oreign Country):	
11. Social Security Nur	mber:	12. En	nployer:		
PART III – BIOLOGI	CAL FATHER OF THE CHI	LD (NOTE: Items 17	and 18 concern the fati	her at the time of the child's birth)
13. Full Name:	(
	(First)	(Middle)	(Last)	(Suffix)	
14. Date of Birth:		15. Place of Bi	rth <i>(State or Foreign C</i>	ountry):	
16. Social Security Nur	mber:	17. Employer:			
18. Employer's Addres	ss:				
PART IV – BIOLOGIO your marriage record)	CAL PARENTS' MARRIAGI	E (IF APPLICABLE, 1	You must complete this	section and enclose a certified co	py of
19. Place of Marriage:			20.	Date of Marriage:	
5	(City/County and St	ate, or Foreign Count	ry)	<u> </u>	
PART V – PARENTS'	ACKNOWLEDGMENT (TH	IS ITEM MUST BE C	COMPLETED)		
responsibilities stateme acknowledgment within		our copy of this docur	ment and understand to cords Division. We re-	hat we have the right to rescind quest that the father's information	
Child's Name: (First)	(A)	Iiddle)	(Last)	(Suffix)	
	ther:		, ,	r:	
	er:				
24. Subscribed and sw	orn before me on:	25. 3	Subscribed and sworn	before me on:	
26 Notary's Signature	27 N	27 Notary's Signature			